

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S35293 (7)
 1. Corporation Name
MJM LANDSCAPE COMPANY, INC.



Principal Place of Business
**736 WEKIVA SPRING ROAD
 APOPKA FL 32703
 US**

Mailing Address
**P.O. BOX 1828
 APOPKA FL 32704**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1991	
21		26		4. FEI Number 59-3053277	Applied For Not Applicable
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAZZOLI, GARY M. 1002 WINDSONG CIR APOPKA FL 32703				81	Name		
				82		Street Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAZZOLI, GARY M	1.2	NAME
STREET ADDRESS	1002 WINDSONG CIR	1.3	STREET ADDRESS
CITY-ST-ZIP	APOPKA FL	1.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	NAME
STREET ADDRESS		2.3	STREET ADDRESS
CITY-ST-ZIP		2.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	NAME
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		6.4	CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* 2/16/98

CR2E034 (10/97)